



CARIBOU COACH

TRANSPORTATION COMPANY INC.

PASSENGER TICKET ORDER FORM

ONE FORM PER TRAVELLER

PLEASE REVIEW THE FOLLOWING BEFORE COMPLETING:

- ALL PTO's ARE 100% NON-REFUNDABLE AND NON TRANSFERABLE.
- PTO's MUST BE SUBMITTED 12 HOURS PRIOR TO DEPARTURE TO ENSURE PROCESSING OR BY 4:00PM ON FRIDAY FOR TRAVEL ON SUNDAY
- PTO's WITH CARIBOU COACH ARE ONLY ACCEPTED AND VALID ON THE CARIBOU COACH NETWORK. ALL OTHER LOCATIONS MUST BE PROCESSED WITH THE APPROPRIATE CARRIER.
- PLEASE SUBMIT COMPLETED PTO's BY FAX TO: 1-807-285-3458 OR BY EMAIL TO INFO@CARIBOUCOACH.CA
- ITEMS MARKED WITH AN *ARE REQUIRED TO ENSURE PROCESSING.

TRAVELLERS INFORMATION* (PLEASE PRINT CLEARLY)

Name of Traveler: _____ One Way Ticket ☐ Round-Trip Ticket ☐

City/Town of Origin: _____ Destination City/Town: _____

Intended Date of Travel: _____ Adult ☐ Senior ☐ Student ☐ Child ☐ Other ☐

****PRE PAID TICKETS ARE VALID FOR 6 MONTHS UNLESS OTHERWISE SPECIFIED BY PURCHASER****

PURCHASERS' INFORMATION (PLEASE PRINT CLEARLY)

Name of Person Purchasing Ticket*: _____

Company/Group/Organization Name: _____

Purchasers' Contact Telephone Number*: _____ Alternate #: _____

Fax Number: _____ Email*: _____

Purchasers' Address*: _____

City/Town: _____ Province: _____ Postal Code*: _____

Please Indicate Preferred Method of Receipt*: Mail: ☐ Fax: ☐ or Email: ☐

SIGNATURES

I hereby acknowledge that I have reviewed this service order, its terms and handling fees. I acknowledge that the traveler will have valid identification when picking up their ticket at place of origin. I also acknowledge and understand that all tickets and fees issued under this service order are 100% non-refundable.

Signature of Purchaser*: _____ Date & Time of Purchase: _____

Signature of Traveller: _____ Date & Time of Pick-Up: _____

METHOD OF PAYMENT*

Please Select Method Of Payment: Visa: ☐ MasterCard: ☐

Card Number: _____ Expiry Date: _____ CVC Code: _____

Name As It Appears On Card: _____

CARIBOU COACH OFFICE USE ONLY:

Original copy to be attached to your agency remittance report.
Receiving Agency to attached Agency Ticket Stub and submit with remittance.

Agent's Initials: _____ Agency Location: _____ Processing Date: _____

Base Fare: \$ _____ + \$10 fee: \$ _____ OW or RT: \$ _____ + HST: \$ _____ = Total: \$ _____